



## PART B - FEE(S) TRANSMITTAL

9-18-7

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279 7590 08/30/2007

TREXLER, BUSHNELL, GIANGIORGI,  
BLACKSTONE & MARR, LTD.  
105 WEST ADAMS STREET  
SUITE 3600  
CHICAGO, IL 60603

09/19/2007 HVUONG2 00000041 10656574

01 FC:1504 300.00 OP  
02 FC:1501 1400.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Maria E. Kitz	(Depositor's name)
<i>Maria E. Kitz</i>	(Signature)
September 17, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/656,574	09/05/2003	Daniel John Smith	1171/41365/CASE 135	7897

TITLE OF INVENTION: METHOD OF FORMING A CONDUIT USING A WOUND SACRIFICIAL LAYER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/30/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
AFTERGUT, JEFF H	1733	156-195000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Trexler, Bushnell,  
2. Giangiorgi,  
3. Blackstone & Marr, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FISHER &amp; PAYKEL HEALTHCARE LIMITED

Auckland, New Zealand

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1495 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Raiford A. Blackstone Jr.*Date September 17, 2007

Typed or printed name

Raiford A. Blackstone, Jr.Registration No. 25,156

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